## STATE OF CALIFORNIA OFFICE OF THE ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS P.O. Box 903447 Sacramento, CA 94203-4470

## ANNUAL FINANCIAL REPORT Vehicle Donation Program

## COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

(Calif. Government Code Sec. 12599) for Calendar Year Ending December 31, 2003

Name and Address of Commercial Fundraiser: CF No. 636

Name and Address of Charitable Organization or Charitable Purposes: CT No. 14625

CHARITIES AUTOMOBILE RECYCLING ENTERPRISES, LLC 1301 EAST ORANGEWOOD AVENUE ANAHEIM. CALIFORNIA 92805

The National Multiple Sclerosis Society fo Orange County 17500 Redhill Ave. Suite 240 Irvine, CA 92614

CAR DONATION PROGRAM held(on)(from)	JANUARY 1, 2003 to DECEMBER 31,	2003		
1. REVENUE	SMITOMIC 1, 2005 TO DECEMBER 51,		<b>A</b>	
A. Car/Truck Sales  B. Boat Sales		\$91,726	A. B.	
C. Real Estate Sales	<del></del>		C.	
D. Other Sources (Specify)			D.	
a. h	<del></del>	—	Da. Db.	
D		· · · · · · · · · · · · · · · · · · ·	Db. Dc.	
d.			Dd.	
E. TOTAL REVENUE		<u> </u>	<b>\$91,726</b>	_ E,
2. EXPENSES				·
A. Fees or commissions			Α.	
B. Salaries	<del></del>		B.	
C. Payroll taxes  D. Employee benefits	, <del></del>	·	D.	
E. Towing		\$5,398	E.	
F. Vehicle Repairs		\$673	F.	
G. Parts			G.	
H. DMV Fees	<u></u>		H.	
<ul><li>I. Appraisals</li><li>J. Detailing</li></ul>	<del></del>	<del></del>	i. .1	
K. Advertising	· · · · · · · · · · · · · · · · · · ·	\$33,284	K.	
L. Telephone	<del></del>		L.	
M. Other expenses: (Specify)				
a. Allocated Costs (labor, rent, etc	<u>c.)</u>	\$26,534	Ma.	
b. <u>Misc.</u> c. Advances repaid to owner	<del></del>	\$2 <u>45</u> \$2,782	Mb. Mc.	
c. Advances repaid to owner d.		Ψ2,102	Md.	
N. TOTAL EXPENSES			\$68,916	N.
			<u></u>	
3. Distribution or net to charitable organization	on or charitable purposes.	<del>,</del>	\$22,810	_ 3.
4. Less additional expenses relating to oper-	ation of vehicle donation program paid	d by charity.		4.
5. Total amount charity realized from operat	ion of vehicle donation program.	, <del></del>	\$22,810	_ <b>5.</b>
6. (a) Is any officer, director, partner or ow indirectly, the charitable organization for which YES X NO If "ye		-	or control, directly	or
Name of officer, director, partner or owner of Commercial Fundraiser	Name and Address Charitable Organization		ip of officer, etc. ole Organization	
				<del></del>
(b) For each affiliation identified under 4	(a), attach copy of contract between o	commercial fundraiser a	nd charity.	
Under penalties of perjury, I declare that I	have examined this report, including	accompanying docum	ents, schedules ar	nd
etatements and to the hest of my knowledge	-	-		
<i>\( \)</i>	Gienn C. McEiroy	Managing Member	1/27/04	
Signature of authorized officer (Commercial/	Fundraiser) Printed Name	Title	Date	
y two officers of	f the charitable organization for verifyi	ng the distribution		
J <del> </del>	CHERYL BONITO	Discord of Hally	SYSTEM Date	<u>-10</u> -(
Signáture of authorized officer/director (Char	TRACE ALIACE	DIAMAR.	5) Z-10-	-O4
Signature of/authorized officer/director (Char	rity) Printed Name	Title Fine	Date	<b>f</b>
	<del></del>			

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Attorney General's Registry of Charitable Trusts